

STATE OF NEW MEXICO
COUNTY OF BERNALILLO
SECOND JUDICIAL DISTRICT

_____,
Petitioner,

v.

No. _____

_____,
Respondent.

VERIFIED MOTION FOR ORDER TO SHOW CAUSE

☐ Petitioner (or) ☐ Respondent states:

1. The court ordered the other party on _____, *(date of the order)* to do or not do the following: *(describe each item in detail)*

_____.
2. The other party is not following the order because: *(describe in detail how the other party is not following the order)*

_____.
3. I have tried to talk to _____. *(name of the other party or their attorney if they have one)*

This is what happened: *(You MUST check one of these boxes.)*

- ☐ The other party AGREES with my motion.
- ☐ The other party DOES NOT AGREE with my motion.
- ☐ The other party WILL NOT TALK TO ME about my motion.
- ☐ I CANNOT TALK TO THE OTHER PARTY because there is a protective order between us and the other party does not have a lawyer.

☐ I HAVE NOT TALKED TO THE OTHER PARTY because:

_____.

☐ Petitioner (or) ☐ Respondent asks the Court to:

1. Order the other party to show cause, if any, why he or she should not be found in contempt of the Court because of his or her failure and refusal to comply with the order(s) of the Court. **I understand that if the other party is found in contempt of Court, he or she may be incarcerated (sent to jail).**
2. Enter judgment for any money owed to me if the violation includes a financial loss caused by the other party.
3. Order such other relief as may be deemed necessary.

Signature of Petitioner/Respondent pro se

Name (printed)

Address

Telephone number

VERIFICATION

STATE OF NEW MEXICO)
) ss.
COUNTY OF _____)

I, _____, being first duly sworn upon oath, depose and state: I am the ☐ Petitioner or ☐ Respondent in the above-entitled cause and I know and understand that the contents of this Motion are true to the best of my knowledge and belief.

Signature of Petitioner/Respondent pro se

SUBSCRIBED AND SWORN TO before me this _____ day of _____,
20____, by _____ (name of Petitioner/Respondent).

Notary Public

My commission expires:

CERTIFICATE OF SERVICE

I certify that on _____ (date), I (check the applicable item below and fill in all information)

[] mailed a copy of this notice by United States mail, postage prepaid, to:

Name: _____

Mailing address: _____

City, state, and zip code: _____;

[] delivered a copy of this notice to _____ (the other party or the other party's attorney); or

[] faxed a copy of this notice to _____ (the other party or the other party's attorney) using the following fax number: _____. The transmission was reported as complete and without error. The time and date of the transmission was _____ (a.m) (p.m) on _____ (date).

Signature of attorney

Date of signature

*If this notice was served by a person other than an attorney,
the following must also be completed and filed with the court:*

VERIFICATION OF SERVICE

I affirm under penalty of perjury under the laws of the State of New Mexico that a copy of this motion was served by [mail] [fax] [electronic transmission] as described above on _____ (date).

Signature of person who made service